

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10823998 04/11/04

**CLAIMS**

	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	/					
2		/				
3		/				
4		/				
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48		/				
49		/				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CHD	DEP	CHD	DEP	CHD	DEP
91		3				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
60		/				
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99						
100						
TOTAL IND.	15					
TOTAL DEP.	81					
TOTAL CLAIMS	96					